

Fulfillment Information Form and P.O. Box Request

Use this form to provide the basic, required information about a program. Upon receipt of complete information, a Fulfillment House will be selected and a P.O. Box # assigned. Forward this request to: Philip Morris Fulfillment Administrator, 120 Park Avenue - 8th Floor, New York, New York 10017.

Prepared By: _____
 FIM Marking and Bar Code are normally sent to the Responsible Agency. If Different, Specify Below.

Date Ordered: ____ / ____ / ____

Name: _____ Company Name: _____
 Address: _____ City/State/Zipcode: _____

Required Program Information:Provide ALL of the information requested below:Brand: Cambridge Program Name: Cambridge B362F (Retail)Program Number: _____
 (Assigned by Fulfillment Admin.)

Program POS #: _____

Program Description: Free lighter offer for completing survey which is included in packageProgram Drop Date: 7/4/94 Program Expiration Date: 10/31/94 Est. Redemption Rate: 1/5%

Type of Inbound Mail: Consumer Pays Postage
 (Check Only One) BRC
 BRE - 1 oz. or less
 BRE - 2 ozs. or less (more than 1 oz.)

Program To Be Mailed: First Class
 (for Direct Mail Only) Third Class

Total Circulation: 2,004,240

Method of Distribution: For tracking purposes, a separate P.O. Box # will be assigned for each Method and/or placement unless otherwise instructed. Complete Circ. and Est. Redemp. below for each method and/or placement.

Miscellaneous Distribution:Distribution by Magazine:On Page Tip-In Other

| <u>Method</u> | <u>Circ.</u> | <u>Est.</u> <u>Redemp.</u> | <u>P.O.Box</u> <u>Assigned*</u> | <u>Magazine Name</u> | <u>Circ.</u> | <u>Est.</u> <u>Redemp.</u> | <u>P.O.Box</u> <u>Assigned*</u> |
|---------------|------------------|-------------------------------|------------------------------------|----------------------|--------------|-------------------------------|------------------------------------|
| Direct Mail | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| FSIs | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| On Pack | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| On Carton | <u>2,004,240</u> | <u>5%</u> | _____ | _____ | _____ | _____ | _____ |
| CIP | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| POS/POP | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Other | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

*For PM Fulfillment Administrator use only.

Use the following address for responses:

For PSC-fulfilled Programs:

For Programs fulfilled by others:

Promotional Services Center

(Program Name)

P.O. Box (Box Number Assigned)

Kankakee, IL _____ - _____

Manager's Signature _____

Date: ____ / ____ / ____

Fulfillment Services were bid out? Yes No

A separate Page 2 is Required for EACH Fulfillment Item Offered

#4002 FRONT
PM USA/REV. 8/93